

## SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Hanover Foods  
Municipality: Penn Township County: York  
Watershed: 7-H  
Laboratories: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0044741 Outfall No.: 001  
Renewal application due **180 days** prior to expiration  
This permit will expire on September 30, 2020

Day	Effluent Parameters																	
	Flow		pH		DO		TRC		Color		Temperature		CBOD5		TSS		Oil and Grease	
	Q	MGD	Q	S.U.	Q	mg/L	Q	mg/L	Q	Pt-Co Units	Q	°F	Q	mg/L	Q	mg/L	Q	mg/L
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31																		
Avg																		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Hanover Foods  
Municipality: Penn Township County: York  
Watershed: 7-H  
Laboratories: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0044741 Outfall No.: 001  
Renewal application due **180 days** prior to expiration  
This permit will expire on September 30, 2020

Day	Effluent Parameters															
	Fecal Coliform		Ammonia		Total Phosphorus		Total Cadmium									
	Q	CFU/100 ml	Q	mg/L	Q	mg/L	Q	mg/L	Q		Q		Q		Q	
1																
2																
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Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Hanover Foods  
Municipality: Penn Township County: York  
Watershed: 7-H  
Laboratories: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0044741 Outfall No.: 002  
Renewal application due **180 days** prior to expiration  
This permit will expire on September 30, 2020

Day	Effluent Parameters																
	pH		CBOD5		COD		TSS		Oil and Grease		Total Phosphorus		Dissolved Iron		Total Iron		
	Q	S.U.	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q
1																	
2																	
3																	
4																	
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Avg																	

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Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Hanover Foods  
Municipality: Penn Township County: York  
Watershed: 7-H  
Laboratories: \_\_\_\_\_

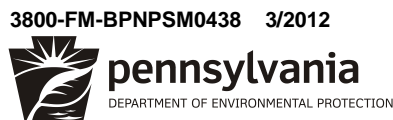
Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0044741 Outfall No.: 003  
Renewal application due **180 days** prior to expiration  
This permit will expire on September 30, 2020

Day	Effluent Parameters																
	pH		CBOD5		COD		TSS		Oil and Grease		Total Phosphorus		Dissolved Iron		Total Iron		
	Q	S.U.	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q
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Avg																	

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Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

**SUPPLEMENTAL REPORT  
SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL**

Facility Name: Hanover Foods  
Municipality: Penn Township County: York  
Watershed: 7-H

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0044741  
Renewal application due **180 days** prior to expiration  
This permit will expire on September 30, 2020

**SEWAGE SLUDGE/BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)**

☐ Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site			Dewatered Sewage Sludge/Biosolids Hauled Off-site			Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons
TOTAL:				TOTAL:				TOTAL:	

**SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION**  
(Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

Site Name				
Municipality				
County				
DEP Permit No.				
Type of Material*				
Dry Tons Applied/Disposed				
Type of Disposal/Use*				
Hauler Name				

\*See Instructions for explanation

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Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

## SUPPLEMENTAL REPORT – CHEMICAL ADDITIVES USAGE

Facility Name: Hanover Foods  
Municipality: Penn Township County: York  
Watershed: 7-H

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0044741 Outfall No.: \_\_\_\_\_  
Renewal application due **180 days** prior to expiration  
This permit will expire on September 30, 2020

Day	Chemical Names															
	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs
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2																
3																
4																
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28																
29																
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31																
Average																
Maximum																

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Prepared By: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CHESAPEAKE BAY SUPPLEMENTAL REPORT NUTRIENT MONITORING

Facility Name: Hanover Foods  
Municipality: Penn Township County: York  
Watershed: 7-H

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0044741 Outfall No.: \_\_\_\_\_  
Renewal application due **180 days** prior to expiration  
This permit will expire on September 30, 2020

DAY	FLOW	Total P		NH <sub>3</sub> -N		TKN		NO <sub>2</sub> +NO <sub>3</sub> as N		Total N	
	MGD	mg/L	lbs/day	mg/L	lbs/day	mg/L	lbs/day	mg/L	lbs/day	mg/L	lbs/day
1											
2											
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30											
31											
Avg											
Monthly Total Loads (lbs):											
(Avg result x No. days in month)											

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Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

Facility Name: Hanover Foods  
Municipality: Penn Township County: York  
Watershed: 7-H  
Total N Credits Purchased During Month: \_\_\_\_\_ lbs  
Total N (TN) Delivery Ratio: 0.961

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0044741 Outfall No.: \_\_\_\_\_  
Renewal application due **180 days** prior to expiration  
This permit will expire on September 30, 2020

Total Nitrogen – Pounds				
Registry Number	Contract Effective Date	Credits Applied / 0.961 (lbs)*	Credits Sold / 0.961 (lbs)	DEP Approval Date
<b>Monthly Total (lbs):</b>				

Total Nitrogen – Offsets		
Source	Amount (lbs)	DEP Approval Date
<b>Monthly Total (lbs):</b>		

\* Indicate the credits that you wish to apply this month toward compliance with annual load limitations.

Monthly Total Nitrogen Load (lbs): \_\_\_\_\_ (Actual Load Discharged)  
Monthly Net Nitrogen Load (lbs): \_\_\_\_\_ (Actual Load + (Credits Sold / TN Delivery Ratio) – (Credits Applied / TN Delivery Ratio) – Offsets)

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Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



## CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

Facility Name: Hanover Foods  
Municipality: Penn Township County: York  
Watershed: 7-H  
Total P Credits Purchased During Month: \_\_\_\_\_ lbs  
Total P (TP) Delivery Ratio: 0.436

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0044741 Outfall No.: \_\_\_\_\_  
Renewal application due **180 days** prior to expiration  
This permit will expire on September 30, 2020

Total Phosphorus – Pounds				
Registry Number	Contract Effective Date	Credits Applied / 0.436 (lbs)*	Credits Sold / 0.436 (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Phosphorus – Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

\* Indicate the credits that you wish to apply this month toward compliance with annual load limitations.

Monthly Total Phosphorus Load (lbs): \_\_\_\_\_ (Actual Load Discharged)  
 Monthly Net Phosphorus Load (lbs): \_\_\_\_\_ (Actual Load + (Credits Sold / TP Delivery Ratio) – (Credits Applied / TP Delivery Ratio) – Offsets)

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Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

## CHESAPEAKE BAY SUPPLEMENTAL REPORT ANNUAL NUTRIENT SUMMARY

Facility Name: Hanover Foods  
Municipality: Penn Township County: York  
Watershed: 7-H  
Total N Credits Purchased During Year: \_\_\_\_\_ lbs  
Total P Credits Purchased During Year: \_\_\_\_\_ lbs

For Compliance Year: 10/1/20 \_\_\_\_\_ to 9/30/20 \_\_\_\_\_  
NPDES Permit No.: PA0044741 Outfall No.: \_\_\_\_\_  
Renewal application due **180 days** prior to expiration  
This permit will expire on: September 30, 2020  
Delivery Ratios: Total N: 0.961 Total P: 0.436

MONTH	Monthly Total Mass Loads (lbs)		Credits Sold / Delivery Ratios (lbs)		Credits Applied / Delivery Ratios (lbs)		Offsets (lbs)		Monthly Net Mass Loads (lbs)	
	Total N	Total P	Total N	Total P	Total N	Total P	Total N	Total P	Total N	Total P
October										
November										
December										
January										
February										
March										
April										
May										
June										
July										
August										
September										
<b>Totals:</b>										
<b>Truing Period Calculations:</b>	<b>Annual Total Mass Loads (lbs)</b>		<b>Credits Sold / Delivery Ratios (lbs)</b>		<b>Credits Purchased / Delivery Ratios (lbs)</b>				<b>Annual Net Mass Loads (lbs)</b>	
	<b>Truing Period Adjustments (Oct 1 – Nov 28)</b>									

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Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report all permit violations and any other non-compliance that may endanger health or the environment, in accordance with your permit. Complete all sections that apply. If you are reporting violations of permit limits, monitoring requirements or schedules that do not pose an immediate threat to health or the environment, you may attach this form to the Discharge Monitoring Report (DMR). **Title 25, Pa. Code §§ 91.33 and 91.34 (regarding incidents causing or threatening pollution and activities utilizing pollutants, respectively), in part requires immediate notification by telephone to the Department of pollution incidents, remediation, and may require an additional report on the incident or plan of pollution prevention measures.** If you are reporting other non-compliance events, and the reporting deadline does not coincide with your submission of the DMR, it should be submitted separately to the Department by the reporting deadline set forth in the permit. See instructions for more information.

Facility Name: Hanover Foods  
Municipality: Penn Township County: York

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
Permit No.: PA0044741

☐ **Violations of Permit Effluent Limitations\***

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken

☐ **Sanitary Sewer Overflows and Other Unauthorized Discharges\***

Event Date	Substance Discharged	Location	Volume (gals)	Duration (hrs)	Receiving Waters	Impact on Waters	Cause of Discharge	Date DEP Notified

☐ **Other Permit Violations\***

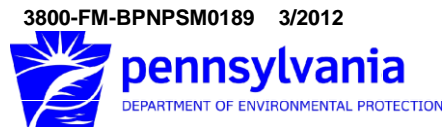
- |  |         |       |
|--|---------|-------|
| <input type="checkbox"/> Sample collection less frequent than required | Explain | _____ |
| <input type="checkbox"/> Sample type not in compliance with permit     | Explain | _____ |
| <input type="checkbox"/> Violation of permit schedule                  | Explain | _____ |
| <input type="checkbox"/> Other   | Explain | _____ |
| <input type="checkbox"/> Other   | Explain | _____ |

**\* If the space provided is not sufficient to record all information, please attach additional sheets.**

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Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b> <u>Hanover Foods Corp</u>							
<b>Address:</b> <u>1486 York Street</u>							
<u>Hanover, PA 17331-0334</u>							
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day			
PA0044741						TO	
<b>PARAMETER</b>	<b>ANALYSIS METHOD</b>	<b>LAB NAME</b>		<b>LAB ID NUMBER<sup>2</sup></b>			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**Name/Title Principal Executive Officer**

**Phone:** \_\_\_\_\_

**Signature of Principal Executive Officer or  
Authorized Agent**

**Date:** \_\_\_\_\_

<sup>1</sup> Submit this form with the first Discharge Monitoring Report (DMR) or Annual Report, where sample results are submitted to the Department for compliance purposes. You do not need to send this form to the Department again UNLESS there has been a change to the lab(s), parameter(s) or method(s) of analysis.



**pennsylvania**  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

## ANNUAL INSPECTION FORM FOR NPDES PERMITS FOR DISCHARGES OF STORMWATER ASSOCIATED WITH INDUSTRIAL ACTIVITIES

1. Date of Inspection _____  3. NPDES Permit # <u>PA0044741</u>	2. Facility Owner/Operator Name and Address: <u>Hanover Foods Corp</u> <u>1486 York Street</u> <u>Hanover, PA 17331-0334</u> Tel: <u>(717) 632-6000</u> Fax: _____			
4. Facility Address and Location Street <u>1550 York Street, Hanover, PA 17331-0334</u> Municipality <u>Penn Township</u> County <u>York</u>				
<b>VISUAL INSPECTION</b>				
<b>Provide the following information for the storm event</b>				
5. Duration _____				
6. Estimation of rainfall (in inches) † _____ <small>† The annual inspection should be conducted after a storm event that is greater than 0.1 inches in magnitude and that occurred at least 72 hours from the previous 0.1 inch storm event.</small>				
7. Estimate the time between the previous rain event _____				
8. Estimate the total volume (in gallons) for each outfall and report it in item 9. Volume = C x I x A, where C is the runoff coefficient (i.e., 0.9 for paved and 0.5 for unpaved) I is the rainfall amount (in ft), and A is the area (square feet) drained to the outfall inspected (convert from cubic feet to gallons by multiplying by 7.481).				
9. Estimate the size of the drainage area (in square feet) for each outfall.				
<b>Outfall #</b>	<b>Drainage Area</b>	<b>% Paved</b>	<b>% Unpaved</b>	<b>Volume in gallons</b>

**Complete the following information for each outfall inspected (items 10 through 15)**

**VISUAL INSPECTION OF OUTFALL NUMBER**

10. Description of area(s) that drains to outfall. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Description of stormwater management practices, erosion and sedimentation control practices, and other structural control measures that are in place to control pollutants from running off-site.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Is there visible flow from the pipe? ☐ Yes ☐ No (Go to number 14) Pipe Dia. (inches) \_\_\_\_\_  
a. ODOR: Chemical Musty Sewage Rotten Eggs Other \_\_\_\_\_  
b. COLOR: Clear Red Yellow Brown Other \_\_\_\_\_  
c. CLARITY: Clear Cloudy Opaque Suspended Solids Other \_\_\_\_\_  
d. FLOATABLES: Suds Oily Film Garbage Sewage Other \_\_\_\_\_  
e. DEPOSITS/STAINS: None Oily Sediment Other \_\_\_\_\_  
f. VEGETATION: None Normal Excessive Inhibited Other \_\_\_\_\_

13. Is there standing water present? ☐ Yes ☐ No (Go to number 16)  
a. ODOR: Chemical Musty Sewage Rotten Eggs Other \_\_\_\_\_  
b. COLOR: Clear Red Yellow Brown Other \_\_\_\_\_  
c. CLARITY: Clear Cloudy Opaque Suspended Solids Other \_\_\_\_\_  
d. FLOATABLES: Suds Oily Film Garbage Sewage Other \_\_\_\_\_  
e. DEPOSITS/STAINS: None Oily Sediment Other \_\_\_\_\_  
f. VEGETATION: None Normal Excessive Inhibited Other \_\_\_\_\_

14. Is there any evidence of or potential for any pollutant being discharged at this outfall? ☐ Yes ☐ No  
Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
If yes, identify substances present in the sediment (if possible). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Description of corrective measures taken or planned to remove sediments or debris if found during inspection. Please provide a schedule if actions are planned.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COMPREHENSIVE SITE COMPLIANCE EVALUATION

16. Do drainage maps reflect current conditions?

☐ Yes

☐ No

If no, provide your comments.

Comments:

17. Based on review of PPC Plan (including Housekeeping Measures), are any changes, corrections or updates necessary?

☐ Yes

☐ No

If yes, provide your comments.

Comments:

18. Have you inspected all structural stormwater controls used to implement the PPC Plan to determine if they are adequate?

☐ Yes

☐ No

If no, provide your comments.

Comments:

19. Have you inspected the entire site to determine if erosion and sedimentation control measures are adequate?

☐ Yes

☐ No

If no, provide your comments.

Comments:

20. Summarize corrective actions/measures completed or planned to correct any deficiencies found as a result of the inspection. Please provide a schedule if actions are planned.

21. Signature of Inspector

Name of Inspector: \_\_\_\_\_

Date Report Prepared: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_

22. Signature of Owner/Operator of Facility

\_\_\_\_\_  
Name/Title Principal Executive Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 Pa. C.S. §4904 (relating to unsworn falsification).